



APPLICATION FOR SPECIAL EVENT PERMIT

**CITY OF ALEXANDRIA, VIRGINIA
TRANSPORTATION & ENVIRONMENTAL SERVICES
CONSTRUCTION & INSPECTION
301 KING STREET, ROOM 4130
ALEXANDRIA, VA 22314
703-746-4035 (office); 703-838-6438 (fax)
alexandriava.gov**

Name of Event: _____

Description of Event: _____

Organization: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Daytime Telephone #: _____ **Cell Phone #:** _____

Email: _____

Date of Event: _____

Time (Start and End Time for Street Closure and/or Parking): _____

Street(s) to be Closed (Provide beginning location to end location): _____

Requested Parking Spaces (Give exact location(s) and indicate which side of the street; eg., north, south, east, or west, and the number of spaces requested): _____

Requested Route (Start to Finish for Parades, Races, etc.): _____

Date Approved by the Special Events Committee: _____

ATTACH A COPY OF THE NOTICE TO RESIDENTS/BUSINESSES.

PROVIDE A CERTIFICATE OF INSURANCE IN THE AMOUNT OF \$1,000,000 NAMING THE CITY OF ALEXANDRIA AS ADDITIONAL INSURED.

Applicant Signature: _____ **Date:** _____